



Lupus Loop Virtual Walker

Post-Event Registration – If more than one individual is living at the same address, please list. Parents may sign the Waiver for Minors. Please Print!

Walker#1 _____ Gender _____ Age _____ T-Shirt Size _____

Walker#2 _____ Gender _____ Age _____ T-Shirt Size _____

Walker#3 _____ Gender _____ Age _____ T-Shirt Size _____

Walker#4 _____ Gender _____ Age _____ T-Shirt Size _____

Walker#5 _____ Gender _____ Age _____ T-Shirt Size _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email _____

I would like to "walk" with Team _____

Do any of the Walker(s) listed above has (have) lupus? # _____ Family Member has lupus? # _____

Friend has lupus? # _____

Amt Paid: \$ _____ ☐ Cash ☐ Check (list check # _____)

or please charge my credit card:

☐ MC

☐ Visa

☐ Amex

(MC & VISA is 3 digit code)

(4 digit code on front of card)

Name as it Appears on Card _____

Acct # _____ Expiration Date _____ / _____

Security Code (REQUIRED TO PROCESS) _____

(Visa/MC is 3 digits on back of card; AMEX is 4 digits on front of card)

Billing Address if different than above _____

Signature _____

Please remit payment and registration form by mail to:

Lupus Foundation of America, Philadelphia Tri-State Chapter

500 Old York Road, Suite 110

Jenkintown, PA 19046

If you have any questions please call the Chapter office at 866-517-5070 or email info@lupustristate.org.